

EPA United States Environmental Protection Agency Washington, DC 20460 Work Assignment		Work Assignment Number 2-21								
		<input type="checkbox"/> Other <input type="checkbox"/> Amendment Number:								
Contract Number EP-C-08-010		Contract Period 12/16/2008 To 11/30/2011 Base Option Period Number 2								
Contractor SCIENTIFIC CONSULTING GROUP, INC, THE		Title of Work Assignment/SF Site Name Conv the Impact of NCER/ORD								
Specify Section and paragraph of Contract SOW 2.1 2.2 2.3										
Purpose: <input type="checkbox"/> Work Assignment <input type="checkbox"/> Work Assignment Close-Out <input type="checkbox"/> Work Assignment Amendment <input type="checkbox"/> Incremental Funding <input checked="" type="checkbox"/> Work Plan Approval		Period of Performance From 12/01/2010 To 11/30/2011								
Comments:										
<input type="checkbox"/> Superfund Accounting and Appropriations Data <input checked="" type="checkbox"/> Non-Superfund										
Note: To report additional accounting and appropriations data use EPA Form 1900-69A.										
SFC (Max 2) <input type="checkbox"/>										
Line	DCN (Max 6)	Budget/FY (Max 4)	Appropriation Code (Max 6)	Budget Org/Code (Max 7)	Program Element (Max 9)	Object Class (Max 4)	Amount (Dollars)	(Cents)	Site/Project (Max 8)	Cost Org/Code (Max 7)
1										
2										
3										
4										
5										
Authorized Work Assignment Ceiling										
Contract Period:		Cost/Fee:		\$0.00		LOE:		0		
12/16/2008 To 11/30/2011										
This Action:				\$0.00				3,826		
Total:				\$0.00				3,826		
Work Plan / Cost Estimate Approvals										
Contractor WP Dated:		12/17/11		Cost/Fee:		\$365,098.00		LOE: 3,826		
Cumulative Approved:				Cost/Fee:		\$365,098.00		LOE: 3,826		
Work Assignment Manager Name Myles Morse							Branch/Mail Code:			
_____ (Signature)							_____ (Date)			
Project Officer Name Verla Sutton-Busby							Phone Number 202-343-9706			
_____ (Signature)							_____ (Date)			
Other Agency Official Name							FAX Number:			
_____ (Signature)							_____ (Date)			
Contracting Official Name Renita Tyus							Branch/Mail Code: CP0D			
_____ (Signature)							_____ (Date)			
							Phone Number: 513-487-2094			
							FAX Number: 513-487-2109			